



## Class Enrollment Form

Class Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Length of Class: \_\_\_\_\_ weeks (one hour each week)

Location: **898 Kieley Place, St. Bernard, OH**

*Not a Mailing Address*

Class Fee: \$ \_\_\_\_\_ *After class starts, fees are not refundable; but, in the event of an emergency, may be applied to another class.*

**Please complete this form and return it with fees and Vet. records at least 7 days prior to the start of class to ALICE'S COMPANION DOG TRAINING SCHOOL, LLC c/o Alice/Larry Sills, 6653 Muddy Creek Rd., Cincinnati, OH 45233-4443 (mailing address only). If class starts within 7 days, you must register by phone at (513)-467-0705 with Alice/Larry Sills.**

Name of Trainer(s) \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone (if okay to call) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Dog's call name \_\_\_\_\_ Breed or mix of breeds \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

What are your objectives for this class? \_\_\_\_\_

**All dogs are required to have up to date shots for DHLPP, Parvo and Rabies. We also recommend vaccination against Kennel Cough (Bordetella). Attach a copy of your dog's vaccination record to this application**

Name of Veterinarian Office \_\_\_\_\_

### **WAIVER**

I understand that participation in a dog obedience training class is not without risk to myself, members of my family, or my guests who may attend, or to my dog(s); and that some of the dogs, which I (we) will be exposed to may be difficult to control or may be the cause of injury even when handled with the greatest of care. I hereby release Alice's Companion Dog Training School, LLC., its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I, my dog, family members or guests may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training or other function of the School, or while at the training facility or the surrounding area. I further release from the same liability the owners, employees and agents of the facility at which the classes are held.

Signature of owner (must be an adult) \_\_\_\_\_ Date \_\_\_\_\_

**Send completed Application with fee (check made payable to Alice's Companion Dog Training School) and copy of vaccination record to:**

Alice/Larry Sills  
Alice's Companion Dog Training School, LLC  
6653 Muddy Creek Rd.  
Cincinnati, OH 45233-4443.  
Phone: (513) 467-0705  
(Mailing Address Only)

# Information Sheet

**Bring this form (completed) to the first class**

How did you hear about (find out about) Alice's Companion Dog Training School? \_\_\_\_\_

Class you are taking: \_\_\_\_\_ Dog's call name: \_\_\_\_\_

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## HANDLER INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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## DOG INFORMATION:

Breed of dog: \_\_\_\_\_ Dog's birth date: \_\_\_\_\_

Where did you acquire your dog?

Private breeder or kennel     Pet shop     Animal shelter     Breed rescue     other: \_\_\_\_\_

Sex of dog:  male  female    Neutered or spayed?  yes  no    Have you trained a dog before?  yes  no

If you've trained before, when, where & what breed? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_ Is this your first dog?  yes  no

Date of most recent vaccination: Distemper: \_\_\_\_\_ Rabies: \_\_\_\_\_

How many hours is your dog left alone on a regular basis? \_\_\_\_\_

What physical disabilities (if any) does your dog have? \_\_\_\_\_

What problems or concerns do you hope to correct with obedience training? \_\_\_\_\_

Do you plan to show your dog?     Breed     Obedience     Agility     Tracking     Flyball  
 Freestyle     C-WAGS     Other: \_\_\_\_\_

## Place a check mark beside each phrase that applies to your dog:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> stays in house                 | <input type="checkbox"/> plays with toys                   | <input type="checkbox"/> there are children in the house |
| <input type="checkbox"/> stays in fenced yard           | <input type="checkbox"/> other dogs in the house           | <input type="checkbox"/> has been teased by children     |
| <input type="checkbox"/> is tied out on a chain or line | <input type="checkbox"/> there is a cat(s) in the house    | <input type="checkbox"/> fights with other dogs          |
| <input type="checkbox"/> rides in car frequently        | <input type="checkbox"/> housebroken                       | <input type="checkbox"/> chases cats                     |
| <input type="checkbox"/> friendly with stranger         | <input type="checkbox"/> carried most of the time          | <input type="checkbox"/> chases bicycles                 |
| <input type="checkbox"/> accustomed to leather collar   | <input type="checkbox"/> dislikes strangers                | <input type="checkbox"/> chews destructively             |
| <input type="checkbox"/> accustomed to metal collar     | <input type="checkbox"/> shows fear of strangers           | <input type="checkbox"/> cries or barks excessively      |
| <input type="checkbox"/> walks on a leash               | <input type="checkbox"/> has bitten a member of the family | <input type="checkbox"/> not housebroken                 |
| <input type="checkbox"/> is use to a metal crate        | <input type="checkbox"/> has bitten a stranger             |  |
| <input type="checkbox"/> likes to be groomed            | <input type="checkbox"/> afraid of noises                  |  |

Additional information that may be helpful to your instructor (use back of page if necessary):